

City of San Antonio Employee Benefits Guide

# 2012 | BENEFIT MATTERS

Police Officer & Firefighter



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# Open Enrollment: October 17 - November 16

The City of San Antonio will continue to offer San Antonio Police Officers and Firefighters a health care plan administered by UnitedHealthcare. Open Enrollment begins **October 17 and ends November 16, 2011**, and selections will be effective January 1, 2012. This is the time to add or drop eligible dependents and make changes for 2012, so it is important to review your choices carefully and enroll by the deadline. The following pages provide a summary of the benefits available to City of San Antonio Uniform Police Officers and Firefighters. This guide is intended to provide general information about the benefits. Complete details about the benefit programs are included in applicable City ordinances, the different Police and Fire Collective Bargaining Agreements, and/or Benefit Plan Documents.

New for 2012, City-sponsored benefits are available to domestic partners (same and opposite gender) and their dependent children. See page 4 for details.

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## Contacts

Organization	Phone	Website
Human Resources Department	(210) 207-8705	<a href="http://www.sanantonio.gov/hr">www.sanantonio.gov/hr</a> <a href="mailto:hrcustomerservice@sanantonio.gov">hrcustomerservice@sanantonio.gov</a>
City Employee Health + Wellness Center	(210) 921-2672	--
Boon-Chapman (Group Dental and Vision Plan)	(800) 936-7689	<a href="http://www.boonchapman.com">www.boonchapman.com</a>
Dearborn National Life Insurance	(800) 778-2281	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
Deer Oaks (Employee Assistance Program for Fire only)	(210) 615-8880	<a href="http://www.deeroaks.com">www.deeroaks.com</a>
ICMA Retirement Corporation (Deferred Compensation Provider)	(800) 735-7202	<a href="http://www.icmarc.org">www.icmarc.org</a>
Nationwide Retirement Solutions (Deferred Compensation Provider)	(877) 677-3678	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
San Antonio Fire & Police Pension Fund	(210) 534-3262	<a href="http://www.safireandpolicepension.org">www.safireandpolicepension.org</a>
UnitedHealthcare	(800) 996-2078	<a href="http://www.myuhc.com">www.myuhc.com</a>

## Glossary

### Health Plan Features

**Annual deductible** - The amount you need to pay for covered health care services before the health plan pays most benefits.

**Co-insurance** - The percentage you have to pay for health care services after you have met your annual deductible. For prescription drugs this is the percentage you pay based on the cost of the drug.

**Out-of-pocket maximum** - The most you will pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year, not including deductibles.

### Prescription Drugs

**Tier 1 (Generic) drugs** - Medications that generally cost the least. They usually include the generic version of medications, as well as other inexpensive drugs.

**Tier 2 (Preferred brand) drugs** - Brand name medications that normally do not have generic versions.

**Tier 3 (Non-preferred brand) drugs** - Medications that often include brand name drugs with generic versions or brand name drugs that are new to the market.

### Provider Networks

**In-network** - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates.

**Out-of-network** - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

## How to Enroll

Your Human Resources Specialist will provide you with a customized Enrollment Form for you to review your current benefits. To enroll online or waive health care coverage, log on to the COSAweb or visit [www.sanantonio.gov/hr](http://www.sanantonio.gov/hr) to access the online enrollment portal. Follow the on-screen instructions to create your default password and complete your enrollment. If you forget your password, the portal will provide reset instructions. Your SAP number will serve as your user ID. Remember to print a copy of your confirmation page for your records. Any changes must be made by **November 16, 2011**. Elections may be changed ONLY during the annual Open Enrollment period or within 31 days of a Qualifying Life Event. A list of the most common Qualifying Life Events can be found on page 3. For a complete list visit [www.sanantonio.gov/hr/employee\\_information/benefits/index.asp](http://www.sanantonio.gov/hr/employee_information/benefits/index.asp).

Benefit	Your Benefits
Medical	<ul style="list-style-type: none"> <li>Uniform Health Plan</li> </ul>
Basic Life, Accidental Death and Dismemberment Insurance	<ul style="list-style-type: none"> <li>You are automatically provided with Basic Life Insurance equal to one times your salary.</li> <li>You are automatically provided with Accidental Death &amp; Dismemberment Insurance equal to one times your salary.</li> </ul>

## Helpful Online Tools

Tool	How it helps	Where to locate it
<b>Quicken Health Expense Tracker</b>	This online tool displays your active claims and breaks them down so you can see what you owe and why. It also stores your family's medical claim history and provides answers to basic claim questions.	<a href="http://myuhc.com">myuhc.com</a>
<b>Myuhc.com Mobile</b>	This mobile site allows you to check account balances, find doctors, hospitals, urgent care and convenience care clinics, view, fax or email your health plan ID card, and check recent claims.	<a href="http://myuhc.com">myuhc.com</a>
<b>Health Care Lane</b>	Health Care Lane is a virtual street that makes learning about health care and health insurance easier and more enjoyable.	Police: <a href="http://www.healthcarelane.com/COSASAPD">www.healthcarelane.com/COSASAPD</a> Fire: <a href="http://www.healthcarelane.com/COSASAFD">www.healthcarelane.com/COSASAFD</a>



## Eligibility / Dependent Eligibility

The City of San Antonio's Uniform Benefit Program is open to full-time uniform employees only and their eligible dependents.

### Eligible Dependents

You may elect health care coverage for you and your eligible dependents during the Open Enrollment period. See the chart below for the types of documentation required to add a dependent. Validation information is subject to change. Please contact Human Resources Customer Service at (210) 207-8705 for more information.

#### Adding a Dependent - Required Information

Type of Eligible Dependent	The following is a list of information required by the City to add a dependent. Additional information may be requested to complete your enrollment.
Spouse	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Copy of marriage license <b>OR</b> Declaration of Informal Marriage, <b>AND</b></li> <li>• Social Security number, <b>AND</b></li> <li>• Date of Birth</li> </ul>
Domestic Partner (Same-gender or opposite gender)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• An Affidavit of Domestic Partnership, <b>AND</b></li> <li>• Social Security number, <b>AND</b></li> <li>• Date of Birth</li> </ul> <p>In addition, two (2) of the following supporting documents are also required:</p> <ul style="list-style-type: none"> <li>• Joint lease or mortgage, <b>OR</b></li> <li>• Joint bank account, <b>OR</b></li> <li>• Joint credit card, <b>OR</b></li> <li>• Jointly paid household expense (ex: utility bill) with both names, <b>OR</b></li> <li>• Beneficiary of life insurance or will, <b>OR</b></li> <li>• Power of attorney</li> </ul>
Dependent Child Age 26 and under  (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Social Security number, <b>AND</b></li> <li>• Date of birth</li> </ul> <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> <li>• Copy of birth certificate <b>OR</b> Verification of Birth Facts, <b>OR</b></li> <li>• Copy of adoption agreement, <b>OR</b></li> <li>• Copy of Qualified Medical Child Support Order, <b>OR</b></li> <li>• Copy of court custody or guardianship documents</li> </ul>

#### Making Changes During the Year

Elections made during Open Enrollment will be effective for the upcoming year, January 1 through December 31, 2012. The Internal Revenue Service (IRS) requires that your benefit elections remain in effect for the entire calendar year, unless you experience a Qualifying Life Event.

Qualifying Life Events may include:

- Marriage
- Establishment of a Domestic Partnership
- Divorce, Legal Separation, Annulment, Dissolution of a Domestic Partnership
- Birth or Adoption of an Eligible Child
- Change in you or your spouse's/ domestic partner's work status (full-time or part-time) that affects benefits eligibility
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order
- Death of a dependent

You must notify the Employee Benefits Office within 31 calendar days of your Qualifying Life Event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 days and do not provide documentation, you must wait until the next Open Enrollment period to change your benefit elections.

# Domestic Partners

## Domestic Partners

City-sponsored benefits are available to domestic partners (same and opposite gender) and their dependent children.

Domestic partnership is defined as a committed relationship between two adults, which meets all of the following conditions:

- Partnership in effect for at least six (6) months;
- Both partners at least 18 years of age;
- Both partners are each other's sole domestic partner and intend to remain so indefinitely;
- Neither partner is married (legally or by common law) to, or legally separated from anyone else;
- Partners not related by blood or marriage to a degree of closeness that would prohibit marriage in the state in which they reside;
- Both partners agree they are in a committed relationship and consider each other jointly responsible for each other's common welfare and financial obligations; and
- Both partners agree that they are not in the relationship solely to obtain benefits coverage.

Contact the Employee Benefits Office for a Domestic Partner Enrollment Packet.

## Domestic Partner Tax Implications

When you enroll your domestic partner or your partner's child in one of the City's health plans, the IRS considers the City's contribution toward the additional coverage as income for federal tax purposes. This income is the amount the City contributes towards the cost of additional coverage for your domestic partner and/or your partner's child. Any increase in your biweekly payroll deduction amount to cover your domestic partner and/or your partner's child is also taxable.

This income applies even if you pay no biweekly premium for your health care plan. The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet.

This monthly income must be added to your gross taxable income per IRS Code. Below is a simplified example of how this income is calculated. The City understands that this is a complex issue. Please consult your personal tax advisor for assistance.

If the City contributes this amount towards the total biweekly medical premium for Employee + Family (Domestic Partner and Domestic Partner child), and	\$1,000 (City contribution)
If the City contributes this amount towards the total biweekly medical premium for Employee Only, then	\$400 (City contribution)
The difference is the amount of biweekly income you would be taxed on. In this case, you would be taxed on the \$600 difference each pay period.	\$600 = (\$1,000 - \$400)

# Health Services

Police and Firefighter benefits include coverage for preventive care services from network physicians and other health care professionals to help you and your family stay healthy and detect problems early. Disease prevention and early detection are important to living a healthy life. This health care plan is administered by UnitedHealthcare. For additional information visit the UnitedHealthcare website at [www.myuhc.com](http://www.myuhc.com) or contact them at (800) 996-2078.

Plan Benefit	In-Network	Out-of-Network
Annual Deductible (Individual)	\$250	\$500
Annual Deductible (Family)	\$500	\$1,000
Annual Out-of-Pocket Maximum (Individual)	Police: \$600 Fire: \$500	Police: \$1,200 Fire: \$1,000
[Excludes Deductible]		
Annual Out-of-Pocket Maximum (Family)	\$1,500	\$3,000
[Excludes Deductible]		
Coinsurance	80% / 20%	60% / 40%
[After Deductible]		
Physician Office Visits, Urgent Care, Emergency Care, In-Patient Hospital Admissions, Ambulance Services, Out-Patient Surgery, Durable Medical Supplies, Radiology [MRI, CT Scans, PET Scans, etc.], Physical/Occupational/ Speech Therapy, Maternity Services	20% after deductible	40% after deductible
Preventive Care	Preventive care services for eligible employees and covered dependents will be covered at 100% in-network, or 60% out-of-network. The deductible does not have to be met for this benefit to be paid. Other services provided at the same time as the preventive care services, including but not limited to office visit charges, will be subject to deductibles and coinsurance.	
Immunizations	All age-appropriate immunizations recommended by a physician for employees and dependents are covered at 100% in-network or 60% out-of-network after the deductible. Other services provided at the same time as the immunizations, including but not limited to office visit charges, will be subject to deductibles and co-insurance.  Synagis administration for the prevention of respiratory syncytial virus (RSV) among high-risk infants meeting prescribing criteria set forth by American Academy of Pediatrics (AAP) will be covered at 100%, deductible waived, only if such treatment is determined to be medically necessary and prior authorization obtained on or before administration of the first injection.	
Chiropractic Care	<b>Police:</b> Chiropractic care is covered at 80% in-network. There is no coverage for care out-of-network.  <b>Fire:</b> Chiropractic care is covered at 80% in-network or 60% out-of-network after the deductible is met.	
In Vitro Fertilization	<b>Police:</b> In Vitro Fertilization is limited to six (6) attempts per lifetime per covered female at 80% in-network or 60% out-of-network after the deductible. The plan considers an attempt to be the placement of fertilized embryos in the covered female.  <b>Fire:</b> In Vitro Fertilization is covered at 80% in-network or 60% out-of-network after the deductible is met.	
Employee Assistance Program (Deer Oaks)	<b>Fire only:</b> Provides you and members of your household up to six (6) counseling sessions per issue (unlimited issues), per year. There is no cost to use these benefits. This program provides counseling services for work, personal, marriage and family issues, one (1) free consultation with an attorney per year, and financial and management counseling. All services provided are confidential and HIPAA-compliant. Contact the Employee Assistance Program at (210) 615-8880 or visit <a href="http://www.deeroaks.com">www.deeroaks.com</a> (Username and Password: cosa).	

## Prescription Drug Plan

The City's prescription drug benefit, administered by UnitedHealthcare, provides you with access to a wide variety of drugs while helping to make the medications you need more affordable.

To get the most from your pharmacy benefit, choose one of the more than 60,000 in-network retail pharmacies to fill your next prescription. This nationwide network includes both chain and independent stores. Visit [myuhc.com](http://myuhc.com) to find an in-network pharmacy near you.

### Generic Prescription Drugs

Remember to ask your doctor if your prescription drug has a generic equivalent. Prescription drugs are placed into tiers, and each tier is assigned a cost. Tier 1 contains most generic prescription drugs, and it is usually the least expensive option. Generic prescription drugs contain the same active ingredients as brand name drugs, typically found in Tiers 2 and 3. Over 75% of brand name drugs have an available generic equivalent.

### 90-day and Mail Order Prescriptions

Purchasing a 90-day supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day supply typically costs less than buying a 30-day supply three (3) times. In addition to purchasing a 90-day supply at a retail pharmacy, you can also have it delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure that your 90-day supply is available when you need it.

### How to Use Mail Order

- ✦ Have your doctor write a prescription for a 90-day supply of your medication - ask for three (3) refills.
- ✦ Complete the Medco By Mail Order Form found at [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp) and attach your prescription.
- ✦ Mail the completed form, payment information, and a copy of the prescription to the mail order address on the form. Your medication will arrive within 7 to 14 days, postage paid.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. The mail order pharmacy will then fill your prescription using a generic equivalent of your medication. Three weeks before your mail order supply runs out, you will need to request a refill. To begin using mail order, visit [myuhc.com](http://myuhc.com) or [www.sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://www.sanantonio.gov/hr/employee_information/benefits/forms.asp) for the Mail Order Form.

Plan	In-Network Pharmacy	Out-of-Network Pharmacy
30-day Retail		
Tier 1	0%	20% after deductible
Tier 2	20% co-insurance	40% after deductible
Tier 3	30% co-insurance	50% after deductible
90-day / Mail Order		
Tier 1	0%	N/A
Tier 2	10% co-insurance	N/A
Tier 3	20% co-insurance	N/A

**Note:** Police have an in-network pharmacy out-of-pocket maximum of \$150 for an individual and \$300 for a family, per calendar year. Fire has an in-network annual prescription coinsurance out-of-pocket maximum of \$150 for an individual and \$300 for family.

# Health Benefits Notices

Visit the Employee Benefits web site at [www.sanantonio.gov/hr/employee\\_information/benefits/index.asp](http://www.sanantonio.gov/hr/employee_information/benefits/index.asp) for complete information on the following notices.

## COBRA Provisions

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical, vision, and dental coverage at their own cost in the case of certain qualifying events.

Employees or qualified beneficiaries are required to notify the Employee Benefits Office within 60 days of a divorce, legal separation, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City will notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

## HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) explains the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit [www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

## USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) explains health plan continuation rights of employees who are called to serve active duty in the U.S. Armed Forces for more than 30 days.

## Health Care Reform

Under the Preventive Benefit, members will have no cost sharing when services are provided by an in-network provider. Preventive services covered with no cost share are those described in the United States Preventive Service Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and HRSA Guidelines. Please visit [www.uhcp preventive care.com](http://www.uhcp preventive care.com) for information regarding all preventive care services for members and their dependents.

## Collective Bargaining Agreement

This guide is intended to provide summary information about the benefit plans offered to the uniformed employees of the City of San Antonio. Complete plan details are available in the Collective Bargaining Agreement. Collective Bargaining Agreements can be found at:

Police: [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_police.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_police.asp)

Fire: [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_fire.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_fire.asp)

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED, TO THE EXTENT PROVIDED FOR IN EACH RESPECTIVE COLLECTIVE BARGAINING AGREEMENT, TO AMEND THE UNIFORM EMPLOYEE HEALTH BENEFITS PLAN AND SET PREMIUMS FOR UNIFORM AND EMPLOYEE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE 2011-09-15-0749).